

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	45	42	4/9
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	(82)		4/10/00

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) ..... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	
Original	
1	1/19
2	1/22
3	1/23
4	1/24
5	1/25
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Claim	Date
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Claim	Date
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Best Available Copy

If more than 150 claims or 10 actions  
staple additional sheet here

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